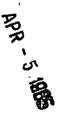
## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 5667 Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. STATE MO. b. countrincoln a. COUNTY admission) AMENDED Lincoln b. CITY (If outside corporate timits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN Troy TOWN Bed ford Yests No 🗆 weeks FULL NAME OF (IF NOT in seppital give becation) HOSPITAL OR LITTLE DUPLY INSTITUTION Memorial Hospital Inside Limits d. STREET (If outside, give location) Reside on Farm DATE ADDRESS Yes D No Z 21 Knox Yes | No 2 NAME OF DECEASED Middle First Last DATE Month Day (Type or print) Nola Clyde Trail DEATH Julv 5. sex Female 9. AGE (last birthday) IF UNDER 1 YEAR 7. Married KIX Never Married 6. COLOR OF RACE B. DATE OF BIRTH Months Hours Widowed [ Divorced 🗀 ′12/18&6 White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Wentzville. Own Home Mo. USA Housewile 13b. MOTHER'S MAIDEN NAME 140 NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME Ann Cheek Hurley Trail Joseph Brummell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address

VS 300 Rev. 4/59 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of servi-Trail Troy, MO. Hurle v no 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH DOCUMEN. 10 Sec IMMEDIATE CAUSE (a) ᅙ 11 INSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a). stating the underlast. lying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO deceased Was O there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Yes □ Unknown 20a. ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART 1 or PART II of item 18.) SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO [ 20c. TIME OF Hour Month, Day, Year RIBBON INJURY e.m. p.m. USE BLACK INK STATE 20a, PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK **TYPEWRITER** READ 21. I attended the deceased from date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred a 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a. SIGNA ō 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) 23a. BURIAL, CREMATION, 23b. DATE ġ REMOVAL (Specify) Troy City Cemetery 1963 Mo. Troy DATE RECD. BY LOCAL REG. 26. 25. ₹ 24. FUNERAL DIRECTOR ADDRESS Kemper Marsh Funeral Home Troy.

(Licensed Embalmer's Statement on Reverse Side)



## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed Joseph J. March, 45.
Student Signature of Student Embalmer	_ Signed & sign f. //arm, ga.
	Licensed Embalmer No. 5105
	P. O. Address Troy, Mo-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.